PRINTED: 02/08/2021 FORM APPROVED

Indiana State Department of Health

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE 601 W SECOND ST BLOMINGTON, IN 47403  (X4) ID PREETX (EACH BEFCIAGOES WILDS TE REFCIENCES TO THE CAPPED HAVE CORRECTION) (EACH DEPCIAGOEY WILDS TE REFCIENCES TO THE APPROPRIATE DEFICIENCES TO THE APPROPRIATE DATE TO MITTAL COMMENTS  S 000  INITIAL COMMENTS  This visit was for a licensure review of patient rooms per ISDH CSHCR: Program Advisory Letter Number: AC-2020-02-HOSP and negative pressure patient rooms per ISDH CSHCR: Program Advisory Letter Number: AC-2020-01-HOSP. Facility Number: 005047  Survey Date: 01/19/2021  The following patient rooms were converted to in-patient hospital patient rooms, were coverted to in-patient hospital patient rooms were successfully verified as negative pressure: 24-2, 2401, 2402, 2403, 2405-2, 2406-3, 2821, 2822, 2908, 2909, 4410, and 4411.  The following patient rooms failed to be successfully verified as negative pressure: None.  QA: 2/1/21	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
IN HEALTH BLOOMINGTON HOSPITAL    CALL   CAL			005047	B. WING		01/19/2021	
S 000   INITIAL COMMENTS   S 000   S 000   S 000   S 000	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  S 000  INITIAL COMMENTS  S 000  INITIAL COMMENTS  This visit was for a licensure review of patient rooms per ISDH CSHCR: Program Advisory Letter Number: AC-2020-02-HOSP and negative pressure patient rooms per ISDH CSHCR: Program Advisory Letter Number: AC-2020-01-HOSP.  Facility Number: 005047  Survey Date: 01/19/2021  The following patient rooms were converted/repurposed: Rooms 2406-1, 2406-2 and 2406-3, sleep lab rooms, were coverted to in-patient hospital patient rooms were successfully verified as negative pressure: 24-2, 2401, 2402, 2403, 2406-2, 2406-3, 2821, 2822, 2908, 2909, 4410, and 4411.  The following patient rooms failed to be successfully verified as negative pressure: None.	IU HEALTH BLOOMINGTON HOSPITAL						
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	\$ 000	This visit was for a lic rooms per ISDH CSH Letter Number: AC-20 pressure patient room Program Advisory Let AC-2020-01-HOSP. Facility Number: 005 Survey Date: 01/19/2 The following patient converted/repurposed and 2406-3, sleep lab in-patient hospital patient verified as negative p 2403, 2406-2, 2406-3 4410, and 4411. The following patient successfully verified as	ensure review of patient CR: Program Advisory 020-02-HOSP and negative as per ISDH CSHCR: atter Number: 047 2021 arooms were d: Rooms 2406-1, 2406-2 a rooms, were coverted to ient rooms. arooms were successfully aressure: 24-2, 2401, 2402, arooms failed to be	S 000	DEFICIENCY)		

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE